



**STORY COUNTY
BOARD OF SUPERVISORS
LATIFAH FAISAL
LINDA MURKEN
LISA HEDDENS**

Story County Administration
900 Sixth Street
Nevada Iowa 50201
515-382-7200
515-382-7206 (fax)

March 31, 2022

Story County Board of Supervisors
900 6th Street
Nevada, IA 50201

Dear Board of Supervisors,

After a thorough analysis of our employee benefits with our broker Debbie Dean, I am recommending the following:

Wellmark Group Health – continue with \$75,000 individual stop loss, add Bariatric Surgery as a covered service, add \$15,000 Lifetime Infertility Services benefit for Artificial Insemination, IVF, GIFT ZIFT and other transfer procedures, continue current employee and employer contribution rates and no increase to health insurance premiums.

Delta Dental - offer one dental plan with \$1,500 Benefit Period Maximum and \$2,000 Orthodontic Lifetime Maximum (currently Delta Dental Plan 2 with enhanced benefits).

Avesis Vision – offer current Avesis Vision Plan with the addition of Level 2 Progressive Lenses covered in full and increased benefit for other progressive lenses.

CIGNA Life Insurance (New York Life) – increase County provided life insurance and AD&D from \$25,000 to \$50,000.

If approved, FY23 premiums will be as follows:

Alliance Select	Coverage	Percentage of Premiums paid by employer	Monthly Employee Contribution	Monthly Employer Contribution	Total Premium
\$1,000 Deductible	Single	95% Employer Paid	\$42.78	\$812.76	\$855.54
\$1,000 Deductible	Family	90% Employer Paid	\$211.58	\$1,904.22	\$2,115.80

Blue Choice	Coverage	Percentage of Premiums paid by employer	Monthly Employee Contribution	Monthly Employer Contribution	Total Premium
\$1,000 Deductible	Single	99% Employer Paid	\$7.84	\$776.77	\$784.61
\$1,000 Deductible	Family	90% Employer Paid	\$193.84	\$1,744.62	\$1,938.46

Delta Dental – monthly premiums

Single \$35

Family \$110

Avesis Vision – monthly premiums

Employee \$14.54

Employee/Spouse \$28.28

Employee/Children \$30.86

Family \$39.82

The Flexible Benefit will remain at \$145.30 per month.

Sincerely,

Alissa Wignall

Alissa Wignall

Direct of Internal Operations and Human Resources

Current Insurance Premium - 2021-2022		
Carrier	Wellmark BCBS	Wellmark BCBS
Network	Alliance Select	Blue Choice
Plan	\$1,000	\$1,000
Single	\$855.55	\$784.61
Family	\$2,115.81	\$1,938.46
Monthly Total	\$190,791.94	\$145,430.43
Annual Total	\$2,289,503.28	\$1,745,165.16
Estimated Insurance Expense	\$4,034,668.44	

Recommended Insurance Premium - 2022-2023	
Wellmark BCBS	Wellmark BCBS
Alliance Select	Blue Choice
\$1,000	\$1,000
\$855.55	\$784.61
\$2,115.81	\$1,938.46
\$190,791.94	\$145,430.43
\$2,289,503.28	\$1,745,165.16
\$4,034,668.44	

Self-Insured Renewal Rates - <i>Estimated Suggested Rates</i> - 2022-2023		
Carrier	Wellmark BCBS	Wellmark BCBS
Network	Alliance Select	Blue Choice
Plan	\$1,000	\$1,000
Single	\$752.23	\$698.48
Family	\$1,880.58	\$1,746.20
Monthly Total	\$169,252.12	\$130,615.76
Annual Total	\$2,031,025.44	\$1,567,389.12
Estimated Insurance Expense	\$3,598,414.56	

Self-Insured Renewal Rates - Estimated Maximum Rates - 2022-2023		
Carrier	Wellmark BCBS	Wellmark BCBS
Network	Alliance Select	Blue Choice
Plan	\$1,000	\$1,000
Single	\$906.66	\$839.47
Family	\$2,266.65	\$2,098.68
Monthly Total	\$203,998.50	\$156,981.17
Annual Total	\$2,447,982.00	\$1,883,774.04
Estimated Insurance Expense	\$4,331,756.04	

NOTE: Based on the current enrolled population, estimated Wellmark fees and reinsurance expense for the 2022-2023 plan year. Recommended funding provides an estimated \$3,370,000 above fixed expenses to pay claim expenses.

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate you will receive after you enroll and the enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.



Delta Dental of Iowa

Summary of Covered Services and Benefits: Alternate 5

Story County Group # 35356

Deductibles, Maximums & Eligibility		Delta Dental Premier®
- Individual Deductible		\$25
- Family Deductible		\$75
- Deductible applies to Check-Ups and Teeth Cleaning?		No
- Benefit Period Maximum		\$1,500
- Eligible children to age		26
- Full-time (unmarried) students eligible to age		99
- Does Individual Deductible apply to Orthodontics?		No
- Orthodontic lifetime maximum		\$2,000
- Orthodontics: Eligible children to age		19
- Orthodontics: Full-time students eligible to age		19
- Adult Orthodontics		No
Benefits		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)		100%
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
Routine and Restorative Services (Cavity Repair and Tooth Extractions)		80%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		50%
- Consultations		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)		50%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)		50%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
- Periodontal Maintenance Therapy		
High Cost Restorations (Cast Restorations)		50%
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)		50%
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
Straightener Teeth (Orthodontics)		50%
Additional Options		
- Enhanced Benefits Program		Included
- Annual Maximum Carryover - To Go SM		Included

This dental plan includes the Enhanced Benefits Program (EBP) which allows additional benefits for Covered Person(s) with designated dental or medical conditions.

This dental plan includes the Annual Maximum Carryover - To GoSM for carryover of unused Benefit Period Maximum to the next benefit contract year.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

2022



Financial Exhibit :

Alternate 5

Story County
Group # 35356

Changes on the Summary of Covered Services and Benefits exhibit are shown in **red**; all other benefits remain the same.

Employer Contribution

Complete this Section*

Single

ER Contribution*

Number of benefit Eligible Employees* _____

Family

Plan Costs

Rates guaranteed from 07/01/2022 through 06/30/2023

	<u>Single</u>	<u>Family</u>	<u>Annual Expense</u>
Contracts	75	96	
Self-insured incurred claim estimates	\$31.03	\$100.16	\$143,315
Self-insured Administrative Fees - Weekly Settlement		PEPM	
Administrative Fee		\$6.67	
Broker Fee		\$2.68	
Total Administrative Fee		\$9.35	
Recommended Rates (Includes Admin	\$35.19	\$113.57	\$162,501

This proposal assumes the use of electronic enrollment, plan documents, and monthly online billing.

Please sign below and return to Delta Dental of Iowa at fax # 888-337-5157

*Please update employer contribution and number of benefit eligible employees above and sign below.

Signature _____

Date _____

March 28, 2022

RE: 60790-1509 Story County

Hello,

Thank you for choosing Avēsis as your vision care provider. Below is your group's current plan information:

Current Plan: 050130DZL5

Lens Options Package: L5

Current rates: \$14.34 / \$27.86 / \$30.40 / \$39.22

Wholesale Frame Allowance: \$50

Contact Lens Allowance: \$130

Based on member utilization, we recommend the following packages, which provide more value than your current plan:

Lens Options	Current: 050130DZ-L5	Recommendation: 050130DZ-L7
Youth Polycarbonate	✓	✓
Adult Polycarbonate	✓	✓
Standard Scratch	✓	✓
UV Screening	✓	✓
Solid or Gradient Tint	✓	✓
Standard Anti-Reflective	✓	✓
Level 1 Progressives	✓	✓
Level 2 Progressives		✓
Plan Renewal Pricing	EO \$14.34	EO \$14.54
	ES \$27.86	ES \$28.28
	EC \$30.40	EC \$30.86
	EF \$39.22	EF \$39.82
Duration	2-Year	2-Year
Potential Member Savings		\$498

Renewal Selection

☐

050130DZL5

☐

050130DZ-L7

Unless you request otherwise, your benefits will renew automatically with your current plan, effective July 01, 2022 to June 30, 2024. Please select your plan above, then sign and return by email to renewals@avesis.com or fax to 855-643-6630 within 30 days of the renewal date.

If you have questions, please call (410) 413-9302 or email acarfrae@avesis.com.

Signature: _____

Date: _____

Premium is subject to adjustment in the event of changes in benefits, contributions, or the number of eligible employees, or any future additional tax, fee, or assessment imposed by the federal or state governments with associated administrative costs and expenses.





Story County

Group ID: 60790-1509
Effective Date: 07/01/2022
Plan ID: 050130DZ-L7

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$20 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$20 copay	Up to \$25
Bifocal	Covered in full after \$20 copay	Up to \$40
Trifocal	Covered in full after \$20 copay	Up to \$50
Lenticular	Covered in full after \$20 copay	Up to \$80
Preferred Pricing Options		
Level 7 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	Covered in Full	Up to \$40
Level 2 Progressives	Covered in Full	Up to \$48
All Other Progressives	\$140 allowance + up to 20% discount	Up to \$48
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

PLAN DETAILS

Contribution	Voluntary
Frequency	
Eye Exam	Once every 12 month
Lenses	Once every 12 month
Frame	Once every 24 month
Contact Lenses	Once every 12 month
	Rates
	EO \$14.55
	ES \$28.28
	EC \$30.86
	EF \$39.82

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Policy #: VC-16, Form M-9059

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:

www.avesis.com

833-282-2441

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:

877-712-2010



Lens Options Packages - Value & Savings

Story County

What would be covered?

Covered Option	Count of Options	Claims Submitted	Lens Package		
			L3	L5	L7
Polycarbonate for All	46	\$ 2,033	✓	✓	✓
Standard Scratch-Resistant	6	\$ 140	✓	✓	✓
Solid or Gradient Tint	15	\$ 1,138	✓	✓	✓
Standard Anti-Reflective	51	\$ 4,888	✓	✓	✓
Ultra-Violet Screening	7	\$ 69	✓	✓	✓
Level 1 Progressive Lenses	16	\$ 1,401		✓	✓
Level 2 Progressive Lenses	25	\$ 5,826			✓

SUMMARY

Providers submitted 166 claims.

Retail value of lens upgrades = \$15,495 .

With lens packages new, lower member out of pocket

Avêsis has several different lens packages with options that include:		Average Retail Price	L3	L5	L7
Lens Options					
Polycarbonate for All		\$65	\$0	\$0	\$0
Standard Scratch-Resistant		\$38	\$0	\$0	\$0
Solid or Gradient Tint		\$35	\$0	\$0	\$0
Standard Anti-Reflective		\$106	\$0	\$0	\$0
Ultra-Violet Screening		\$24	\$0	\$0	\$0
Level 1 Progressives or Level 2 Progressives		\$150-\$230	\$75-\$110	\$110	\$0
MEMBER'S OUT-OF-POCKET COST		\$418-\$498			

A Member saves up to **\$268** with **L3 package**.

A Member saves up to **\$418** with **L5 package**.

A Member saves up to **\$498** with **L7 package**.

Options that are not included in your lens package above can be purchased for Avēsis preferred pricing below:

Transitions® (Single Focus/Multi-Focal)	\$70/\$80
Polarized	\$75
PGX/PBX	\$40

- All options can include Transitions® lenses with a \$40 copay.
- All packages include youth polycarbonate lenses, covered in full up to age 19.